U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF Jesse Means			CA-05-0107	Erie
DEFENDANT			TYPE OF PROCESS	
James Sherman, et al.			Summons	
NAME OF INDIVIDUAL, COMPANY, CORI	PORATION, E	TC. TO SERVE OR	DESCRIPTION OF PROPERTY T	O SEIZE OR CONDEM
4 _				o amino on solvide
SERVE Dr. DISEN AT ADDRESS (Street or RFD, Apartment No., City	ry. State and ZII	P Code)		
P.O. Box 5000, Erie PA	16701-09	50		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAM				
			Number of process to be served with this Form 285	1
' Jesse Means			Number of parties to be	l ,
Reg. No. 38021-060			served in this case	4
FCI McKean P.O. Box 8000			Check for service	Х
Bradford PA. 16701-0980			on U.S.A.	^
ignature of Attorney other Originator requesting service on behalf o		DI AINTIFE	TELEPHONE NUMBER	DATE
ignature of Attorney other Originator requesting service on behalf of	Au	PLAINTIFF DEFENDANT	TELEPHONE NUMBER NONE	DATE 11/28/05
		DEFENDANT	NONE	11/28/05
Jesse Means SPACE BELOW FOR USE OF U.S. MAR acknowledge receipt for the total imber of process indicated. Total Process District of Origin		DEFENDANT NLY- DO NO	NONE	11/28/05
Jesse Means SPACE BELOW FOR USE OF U.S. MAR scknowledge receipt for the total imber of process indicated. ign only for USM 285 if more	RSHAL O District to Serve	DEFENDANT NLY- DO NO	NONE OT WRITE BELOW	11/28/05 THIS LINE
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Jesse Means SPACE BELOW FOR USE OF U.S. MAR cknowledge receipt for the total mber of process indicated. ign only for USM 285 if more more USM 285 is submitted) Creby certify and return that ! have personally served the individual, company, corporation, etc., at the address shown all thereby certify and return that I am unable to locate the individual.	District to Scrve No	NLY— DO No Signature of Author Description of Service, have the individual, comp	NONE OT WRITE BELOW rized USMS Deputy or Clerk executed as shown in "Remarks" any, corporation, etc. shown at the d above (See remarks below)	THIS LINE Date Date the process described address inserted below.
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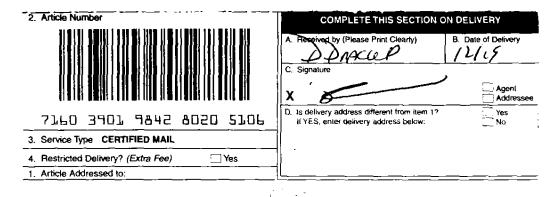
- PRINT 5 COPIES: 1. CLERK OF THE COURT 2. USMS RECORD

 - 3. NOTICE OF SERVICE
 - 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal

5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285 Rev. 12/15/80 Automated 01/00



DR. OLSEN FCI MCKEAN P.O. BOX 5000 ERIE, PA. 16701-0950

5-107E,S/C,12/16/05,SRB

PS Form 3811, January 2003

Domestic Return Receipt